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MESSAGI	3		· Iour cooperation	a appreciated	. Thank you.		
Applicant:	Jay D. Kranzler	and Srinivas G. Rao					
Serial No.:	10/028,547		Art Unit:	1614			
Filed:	December 19, 200	December 19, 2001			Cook		
For:	METHODS OF TREATING FIBROMYALGIA, CHRONIC FATIGUE SYNDROME AN PAIN						
ATL1 #509874 v	1						

Please type a plus sign (+) inside this box -> + PTO/SB/21 (08-00) Approved for use through 10/31/2002, OMB 0651-0031
U.S. Patent and Trademerk Office: U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of Information unless it displays a valid OMB control number. Application Number 10/028,547 TRANSMITTAL Filing Date December 19, 2001 **FORM** First Named Inventor Jay D. Kranzler (to be used for all correspondence after initial filing) Group Art Unit 1614 **Examiner Name** R. Cook Total Number of Pages in This Submission Attorney Docket Number CYPR 100 DIV **ENCLOSURES** (check all that apply) Assignment Papers After Allowance Communication X Fee Transmittal Form (for an Application) to Group Appeal Communication to Board Fee Attached Drawing(s) of Appeals and Interferences Licensing-related Papers Appeal Communication to Group X Amendment / Reply (Appeal Notice, Brief, Reply Brief) Petition After Final Proprietary Information Petition to Convert to a Affidavits/declaration(s) Provisional Application Status Letter Power of Attorney, Revocation Change of Correspondence Address Other Enclosure(s) (please Extension of Time Request X identify below): Terminal Disclaimer Statement under 37 CFR 3.73(b) Express Abandonment Request Request for Refund X Information Disclosure Statement CD, Number of CD(s). Certified Copy of Priority Document(s) Remarks Response to Missing Parts/ Incomplete Application Response to Missing Parts under 37 CFR 1.52 or 1.53 SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT Firm Patrea L. Pabst, Reg. No. 31,284 Holland & Knight LLP ar Individual name Suite 2000, One Atlantic Center; 1201 West Peachtree Street, N.E.; Atlanta, GA 30309-3400 Signature Date CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: SEE CERTIFICATE OF FACSIMILE TRANSMISSION Typed or printed name Signature Date

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PTO/SB/17 (01-03)

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Effective 01/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL	AMOUNT	OF	PAYMENT	(\$

Complete if Known					
Application Number	10/028,547				
Filing Date	December 19, 2001				
First Named Inventor	Jay D. Kranzler				
Examiner Name	R. Cook				
Art Unit	1614				
Attorney Docket No.	CYPR 100 DIV				

Date

February 11, 2003

METHOD OF PAYMENT (check all that apply)			FEE CALCULATION (continued)						
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Charge any additional fee(s) during the pendency of this appl	Ication	1804	920*	1504	920-	Examiner action	equesting publication of SIR prior to carrier action		
Charge fee(s) indicated below, except for the filling fee to the above-identified deposit account.		1805	1,840*	1805	1,840*	Requesting pu	ting publication of SIR after		
FEE CALCULATION		1251	110	2251	55	Extension for			
1. BASIC FILING FEE	$\neg \neg$	1252	410	2252	205	Extension for	reply within s		
Large Entity Small Entity		1253	930	2253	465	Extension for	reply within th	nird month	
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1001 750 2001 375 Utility filing fee	— I	1255	1,970	2255	985	Extension for	reply within fil	fth month	
1002 330 2002 165 Design filing fee		1401	320	2401	160	Notice of Appe	tice of Appeal		
1003 520 2003 260 Plant filing fee	71	1402	320	2402	180	O Filing a brief in support of an appeal			
1004 750 2004 375 Reissue filing fee	\Box	1403	280	2403	140	Request for or	al hearing		
1005 160 2005 80 Provisional filing fee	<u> </u>	1451 1452	1,510	1451	1,510	Petition to insti	itute a public	vse proceeding	
SUBTOTAL (1) (\$)			110	2452	55	Petition to revi	ve - unavoide	ble	
2. EXTRA CLAIM FEES FOR UTILITY AND REIS	SUF	1453	1,300	2453	650	Petition to revi	ve - unintenti	onal	
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1202 18 2202 9 Claims in excess of 20	ľ	8021	40	8021	40	property (times	unuper of b	roperties)	
1201 64 2201 42 Independent claims in excess of	3	1809	750	2809	375	Filing a submis (37 CFR 1.129	Filing a submission after final rejection		
1203 280 2203 140 Multiple dependent claim, if not p	paid	1810	750	2810	375	For each additi	. ,,	n to be	
1204 84 2204 42 ** Reissue independent claims over original patent		1801	750	2801	_	examined (37 (CFR 1,129(b))	{
1205 16 2205 9 ** Reissue claims in excess of 2		1802	900	1802		Request for e		mination (RCE)	
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or number previously paid, if greater, For Reiestes, see about	*Reduc	œd by	Basic F	'lling Fe	e Pald s	SUBTOTAL	(3) (\$)		
SUBMITTED BY						(Complete (f applicable)		
Name (PrintType) Patrea L Pabst			Registration No. (Altorney/Agent) 31,284 Telephone (404) 817-8473						
Signature			IVIII OVI	<u> </u>			Date	Fohman 11 2	003

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